

# CRISIS NOW

## Crisis Call Center Services *Someone To Talk To*



**Crisis Call Center**

### Minimum Expectations

- ❑ Operate 24/7, 365 days a year
- ❑ Staffed with clinicians overseeing clinical triage and other trained team members
- ❑ Answer every call or coordinate overflow coverage with a resource that meets all minimum expectations
- ❑ Assess risk of suicide in a manner that meets NSPL standards and assess risk of danger to others
- ❑ Coordinate connections to mobile crisis team services
- ❑ Connect individuals to facility-based care through warm handoffs and coordination of transportation as needed

### Additional Best Practice Guidelines

- ❑ Incorporate Caller ID functioning
- ❑ Implement GPS-enabled technology in collaboration with mobile crisis teams to efficiently dispatch care
- ❑ Utilize bed registry technology to support real-time, efficient connection to needed resources
- ❑ Schedule outpatient follow-up appointments as needed through warm hand-offs.

Regional crisis call centers offer real-time access to a live, clinical staff person 24 hours a day, seven days a week. Centers must meet National Suicide Prevention Lifeline (NSPL) operational guidelines and offer a high level of coordination of crisis care. Crisis call centers are analogous to calls to 9-1-1 and similarly, centers must be equipped to take all calls, deliver telephonic intervention services, triage calls and coordinate connections to additional support if needed.

Call centers should strive for Air Traffic Control connectivity, always knowing where the person in crisis is in time and space, never losing contact and verifying the person in crisis is safely in the hands of another provider.

### Core Elements

#### *NSPL: Policy for Helping Callers at Imminent Risk of Suicide*

Crisis center staff are expected to:

- Practice active engagement with callers
- Use the least invasive intervention and consider involuntary emergency interventions as a last resort
- Initiate life-saving services for attempts in progress
- Initiate active rescue to secure the immediate safety of the individual at risk
- Practice active engagement with persons calling on behalf of someone else
- Have supervisory staff available during all hours of operations for timely consultation



### Partners Needed

Police, Emergency Medical Services, crisis facilities, outpatient providers



### Provider Performance Metrics

Publicly available performance reports that include:

- Call volume
- Number of referrals
- Time-to-answer
- Abandonment rates
- Service accessibility, including:
  - ❑ Average minutes to disposition
  - ❑ Average business days until outpatient appointment



### Add-on Services

- Peer to Peer Warm Line staffed by certified peer support specialists

To read more about this framework, and efforts to improve behavioral health crisis response in Alaska, visit: [crisisnow.com](https://crisisnow.com) and [alaskamentalhealthtrust.org/crisisnow](https://alaskamentalhealthtrust.org/crisisnow)

Source: SAMHSA, 2020. *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*